

# 1: CV - 01 - 0042

1331 Form

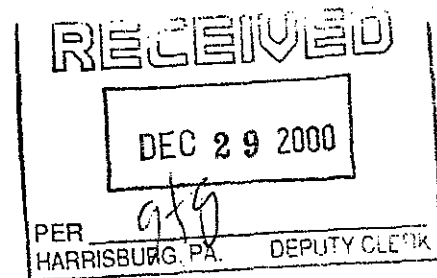
FORM TO BE USED BY FEDERAL PRISONERS IN FILING A COMPLAINT  
UNDER 28 USC § 1331

In the United States District Court

For the Middle District of Pennsylvania

Michael E. Kucewicz

(Enter above the full name of the  
plaintiff or plaintiffs in this  
action)



v.

JANET REYN, U.S. ATTORNEY GENERAL

FEDERAL BUREAU of PRISONS

HEALTH SERVICES ADMINISTRATOR,

at U.S.P. - LEWISBURG, PA.

(Enter the full name above of the  
defendant or defendants in this  
action).

FILED  
SCRANTON  
JAN 10 2001

PER BN  
DEPUTY CLERK

I. Place of Present Confinement

United States Penitentiary - Lewisburg, PA.

II. Previous Lawsuits

A. Have you begun other lawsuits dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes ☐ No ☒

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit

Plaintiffs: \_\_\_\_\_

\_\_\_\_\_

Defendants: \_\_\_\_\_

\_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county):

\_\_\_\_\_

3. Docket Number: \_\_\_\_\_

4. Name of judge to whom case was assigned:

\_\_\_\_\_

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Approximate date of filing lawsuit: \_\_\_\_\_

7. Approximate date of disposition: \_\_\_\_\_

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D. If your answer is NO, explain why not: I feel my rights have only recently been violated, however, this is a life-sustaining M and I feel I must bring a suit-since administrative remedies have failed to bring results.

## III. Parties

(In Item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any).

A. Name of plaintiff Michael Edward Kucowicz  
Address ~~771 D~~ U.S.P. LEWISBURG BOX 1000, LEW, PA 17837

(In Item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the names, positions, and places of employment of any additional defendants).

B. Defendant JANET RENO is employed as U.S. Attorney General at Washington, D.C., as my custodian, supervising the Federal Bureau of Prisons

C. Additional Defendants: Health Services Administration  
United States Penitentiary  
Lewisburg, PA 17837

## IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheet if necessary).

Janet Reno, as U.S. Atty Gen., Supervises the Fed. Bureau of Prisons, who, employ the Health Services Administration.  
I have been on a number of anti-seizure meds  
(Next →)

## V. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary).

Since my accident in 1987, I have furnished the prison staff with the names of my personal physicians, my diagnoses (Traumatic brain injury, abnormal E.E.G., underlying seizure [Grand Mal, Petit Mal, Tonic Clonic and "Absence" seizures], Medications, + therapies used.) I also suffer from Anxiety/severe Panic + depression. I have been told no records have been received from my doctors. They (the staff here) are adamant on removing my Klonopin - Anti-seizure + Anti-Panic Medicine from my regimen, occasionally threatening to "cut-me off" of my meds, claiming they are addictive + costly.

## VI. State briefly exactly what you want the court to do for you.

Make no legal arguments. Cite no cases or statutes.

Order the Medical dept at U.S.P. Lewisburg (or whatever institution I may be transferred to) to:

- \* Allow My Medication regimen to remain - I've been seizure-free since 12/97
- \* Order a one-on-one consultation with a neurologist, instead of TELE-MED, where one meets the dr. via satellite + he sees you through a camera + attempts to make a prudent diagnosis

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Signed this 20<sup>th</sup> day of December, 2000.

Michael E. Kucany,

\_\_\_\_\_  
Signature of plaintiff or  
plaintiffs

Executed at U.S.P. - LEWISBURG, LEWISBURG-Union County, PA.  
(Name of institution, city, county)

I declare under penalty of perjury that the foregoing  
is true and correct.

Executed on 12/20/2000  
(Date)

Michael E. Kucany

\_\_\_\_\_  
Signature of plaintiff or  
plaintiffs